

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO.	
505		A. COUNTY <u>Yavapai</u>		IN THIS TOWN <u>9</u> IN ARIZONA <u>62</u> yrs		A. STATE <u>Arizona</u>		23	
OF DEATH		C. CITY OR TOWN <u>Safford</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Safford</u>		B. COUNTY <u>Yavapai</u>	
AND 33		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1607 8th Avenue</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1607 8th Ave</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
RESIDENCE		3. NAME OF DECEASED		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX <u>Fe</u> 5. COLOR OR RACE <u>W</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
X-		6B. NAME OF SPOUSE		7. DATE OF BIRTH		8. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)	
7		9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Penn.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
PRECEDENT 3		14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Penn.</u>		15A. MOTHER'S MAIDEN NAME <u>Mrs. Frances Dyer</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Penn.</u>	
PERSONAL DATA		16. INFORMANT'S SIGNATURE <u>Charles Beals</u>		17. DATE OF DEATH		18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
4		18/10		19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
459		18/10		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11 Sept</u> <u>1958</u> TO <u>20 April</u> <u>1959</u> THAT I LAST SAW THE DECEASED		22A. SIGNATURE <u>Dr. J. H. Jones</u>		22B. ADDRESS <u>Safford, Ariz</u>	
CAUSE OF DEATH		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		23D. DATE SIGNED <u>4-23-59</u>	
ITEM 18)		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		24. CORONER'S SIGNATURE	
RATIONS 4		24. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
UTOPSY 2		25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>4-23-59</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>	
MEDICAL 1		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	
IFICATION		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	
DEATH DUE TO EXTERNAL VIOLENCE		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	
CORONER'S IFICATION		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	
GENERAL RECTOR AND GISTRAR		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	
167		26A. DATE REC. BY LOCAL REG. <u>4-23-59</u>		26B. REGISTRAR'S SIGNATURE <u>Chas. A. Carter</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Caldwell</u>		26D. ADDRESS <u>Safford</u>	